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**Medication Administration Program (MAP)  
Advisory Ruling  
Medication Occurrence Reporting–MAP Program Sites**

Administration or assistance in the administration of prescription medications to a non-self-administering individual at Department of Public Health (DPH) MAP Registered sites shall be carried out only by a duly licensed professional staff or by an unlicensed program staff of a registered community program who has successfully completed training as set forth in 105 CMR 700.003(F). The program shall properly report to the Department of Mental Health (DMH), Department of Developmental Services (DDS), and/or Department of Children and Families (DCF), in accordance with procedures on a form, approved jointly by the DPH and said Departments, any administration of prescription medication in a manner inconsistent with the practitioner's prescription or in violation of 105 CMR 700.000. Such form shall be provided, upon request, to the DPH.

For the purpose of reporting, a Medication Occurrence is defined as a breach of one of the five "Rs", namely Right individual, Right medication, Right time, Right dose, and Right route. A Medication Occurrence Report (MOR) must be generated and a copy submitted to the applicable Department(s) for any reportable Medication Occurrence. Those Occurrences followed by illness, injury, medical intervention and/or death (i.e., hotline events) must also be reported to the DPH. For all hotline events, the DPH form must be filled out and submitted in addition to any other reporting required by DMH, DDS or DCF.

- Documentation of a Medication Occurrence Report (MOR), for the Department of Developmental Services (DDS) is done via the Home and Community Services information System (HCSIS).

Medication Occurrences Not Followed by a Hotline Event

For all Medication Occurrences, which were not followed by a hotline event, the DPH MAP Registered site must complete a DPH Medication Occurrence Report (DPH MOR) and submit a copy to the appropriate DMH/DCF or DDS MAP Coordinator within seven (7) days of discovery.

*MAP Certified Staff*

- Where the MAP Staff person holds a current MAP certification, the Supervisor completing the DPH MOR form should not check *Contributing Factor 3a 3b or 3c*, within *Section F- Contributing Factors*, of the MOR form. The Supervisor should check any factors other than #3 which may apply (i.e., factors 1-2 or 4-8).

- When the responsible staff person does not hold a current MAP certification, the Supervisor, completing the report, should indicate the lack of MAP certification by checking *Contributing Factor 3a* within *Section F* of the MOR. The Supervisor should also check any other factors other which may also apply (i.e., factors 1-2 or 4-8).

#### *Licensed Healthcare Professionals*

- If the responsible licensed professional nurse is employed by the Service Provider of the DPH MAP Registered site, the Supervisor completing the report, should indicate this relationship by checking *Contributing Factor 3b*, and the applicable job title box (i.e., LPN or RN), within *Section F* of the document. The Supervisor should also check any other factors which may also apply (i.e., factors 1-2 or 4-8).
- If the responsible licensed professional nurse is not employed by the Service Provider of the DPH MAP Registered site, the Supervisor, completing the report, should indicate this non-relationship by checking *Contributing Factor 3c* within *Section F* of the document. The Supervisor should also check any other factors which may also apply (i.e., factors 1-2 or 4-8).

#### Medication Occurrences Followed by a Hotline Event

For all medication occurrences followed by a hotline event, the DPH MAP Registered site must complete a DPH MOR and submit a copy to the DPH, as well as the appropriate DMH/DCF or DDS MAP Coordinator, within twenty-four (24) hours of discovery.

#### *Map Certified Staff*

- Where the MAP Staff person holds a current MAP certification, the Supervisor completing the DPH MOR form should not check *Contributing Factor 3a 3b or 3c*, within *Section F-Contributing Factors*, of the MOR form. The Supervisor should check any factors other than #3 which may apply (i.e., factors 1-2 or 4-8).
- When the responsible staff person does not hold a current MAP certification, the Supervisor, completing the report, should indicate the lack of MAP certification by checking *Contributing Factor 3a*, within *Section F* of the MOR. The Supervisor should also check any other factors which may also apply (i.e., factors 1-2 or 4-8).

#### *Licensed Healthcare Professionals*

- If the responsible person is a licensed professional nurse employed by the Service Provider of the DPH MAP Registered site, the Supervisor completing the report should indicate this relationship by checking *Contributing Factor 3b*, and the applicable job title box (i.e., LPN or RN), within *Section F* of the document. The Supervisor should also check any other factors other which may also apply (i.e., factors 1-2 or 4-8).
- If the responsible licensed professional nurse is not employed by the Service Provider of the DPH MAP Registered site, the Supervisor, completing the report, should indicate this non-relationship by checking *Contributing Factor 3c* within *Section F* of the document. The Supervisor should also check any other factors which may also apply (i.e., factors 1-2 or 4-8).